

State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

LOBBYISTS L-2 (Sec. 67-6610)

Page_ Page(s) THIS SPACE FOR OFFICE USE ONLY

(300.07-0019)			. 00	L
Annual	Semi	-Annual	2007 JAN 30	M1 9:01

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Idaho Education Association year ending PO Box 2638 01/29/2007 (Mo.) (Day) (Yr.) Boise, ID 83701-2638 12 31 2006 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity

Do Not Have to be Reported All Employers Employer No. 1 Employer No. 2 Employer No. 4 Employer No. 3 Entertainment 118.33 118.33 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 118.33 118.33 0.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. Item Names of Legislators, Public and Executive Officials in Group Amount Place Date Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Idaho Education Association Who should file this form: Any lobbyist registered under Section PO Box 2638, Boise, ID 83701-2638 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. No. 2 Executive Lobbist semi-annual report due July 31st. TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4

Item P	ersonal prop	perty to any Legisl	ator, Public or Executive O	by the lobbyist's employer in the nature of contributions of money or other tangible or intangiblic or Executive Official or for or on behalf of any Legislator, Public or Executive Official.			
	Date	Amount	Nar	me of Legislator, Public or Executive Office	cial Receiving or Benefiting		
5 o	or House Bill, he Lobbyist v		ion, the number of the Senate legislative activity in which oposing. Appropriation Bill Number and Section Number	Code Subject O1 Agriculture, horticulture, farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, municipal 14 Government, municipal 15 Government, special districts 16 Government, state	Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)		
Item 6	contract bid		ecision, procurement, ncial services agreement or opposing.	CERTIFICATION: I hereby certify the correct statement in accordance with So Lohbyist signature Employer No. 1 signature Employer No. 2 signature Employer No. 3 signature			
				Employer No. 4 signature	Date		